Summit County 1A	
Organization Name:	
Program:	School Based Behavioral Health

Personnel						
Direct service staffing		Annualized Salary	Total Costs	Match (if applicable)	Total Contract Costs	Justification
			-		-	
			-		-	
			-		-	
			-		-	
			-		-	
Total direct service FTE/costs	0		-	-	-	

Administrative staffing	FTE	Annualized Salary	Total	Match (if applicable)	Total Contract Costs	Justification
		Ī	1			
			-		-	
			-		-	
			-		-	
Total Admin FTE/costs	()	-	-	-	
Total clinical and admin staff	()	-	-	-	
Benefits	-		-	-	-	
Total Salary and Benefits			-	-	-	

Client related expenses				Match (if	Total Contract	
Item	Units/months	Cost	Total	applicable)	Costs	Justification
			-		-	
			-		-	
			-		-	
					-	

Total Client related	-	-	-
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Business and occupancy related expenses Match (if					Total Contract		
Item	Units/months	Cost	Total	applicable)	Costs	Justification	
			-		-		
			-		-		
			-		-		
			=		=		
			=		=		
			-		=		
			-		=		
			-		=		
			-		-		
Total Business-related							

Total Direct		-	-	-
Indirect %	5%	-	-	-
Total Direct and Indirect Expenses		-	-	-

Anticipated costs recovered from other sources

Cost Recovery Justification/Assumptions

Expected recovery from other sources such as Mediciad, commerical insurance, Childrens Health Insurance Plan

Total Request after cost recovery from other sources